

Send Completed forms to:
Office of Business Operations
103 Gilchrist Hall
Cedar Falls, IA 50613
PH: 319-273-2164 FAX: 319-273-3009
Email: student.accounts@uni.edu

Employer Reimbursement Deferred Payment Agreement

The University of Northern Iowa must receive an updated form each semester. If there is a change in employment that invalidates this form the Office of Business Operations must be notified either to negotiate a new agreement and/or terminate the affected agreement. **A \$35 deferred billing fee and any portion of the charges for the term which are not subject to this agreement must be paid in full by the specified billing due date.** The deferred portion of your charges must be paid by the specified date (approximately 30 days from the date grades are posted to Student Center via MyUNiverse) regardless of the status of your reimbursement from your employer. **Your employer has no liability to the University of Northern Iowa and this agreement will not initiate billings to them.** All agreements must be received prior to the first day of classes for the given term.

To be completed by Student: (UNI employees must have the Staff Training Grant approved by Human Resources)

Name: _____ University ID: _____ Semester _____

Address: _____

(Street)

(City)

(State)

(Zip)

Telephone: (____) _____ (____) _____ Email: _____

(Home)

(Work)

Upon completion of registration the student agrees to pay the total amount of tuition and other charges set forth. If the student withdraws from the University for any reason and in accordance with University policy all remaining tuition and other charges are immediately due and payable. All amounts paid after the due date may accrue interest at the rate allowable under the law. In addition, the student agrees to pay all collection costs and reasonable attorney's fees if the University takes action against the student to recover any past due amounts.

Student Signature

Date

IMPORTANT! If you are receiving or applying for financial aid you must report any tuition reimbursement benefit amounts to the Financial Aid Office. You are not eligible to participate in the deferment if you are expecting excess funds from your financial aid after charges are paid.

To be completed by Employer (for employee benefit certification):

Employer Name: _____ Contact Person: _____

Contact Telephone: _____ Contact Email: _____

Please indicate the reimbursement period below:

Academic Year 20____ - 20____ : Summer 20____ ☐ Fall 20____ ☐ Spring 20____ ☐

Term \$ Maximum (if any): Summer _____ Fall _____ Spring _____

Category allowed for reimbursement (check all that apply): Tuition _____ Mandatory Fees _____

Authorized Signature of Certifying Official

Date